\$EPA	NOTIFICAT	ION OF HA	ZARDOU:	S WASTE	ACTI	VITY		TIONS: If you			
INSTALLA- TION'S EPA I.D. NO.	AGENCY, REGION II NEW YORK, MY.						label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is				
I. STALLATION	inno	BIM II	PM 2: 64			To the	below bla	and correct, I ink. If you did	not receive	a preprinted	
INSTALLA- TION II. MAILING ADDRESS	PLEA	SE PLACE	LABEL IN	THIS SP	ACE		single site treated, s porter's p	nplete all item e where hazar stored and/or principal place	dous waste in disposed of, of business.	s generated, or a trans- Please refer	
LOCATION IIL OF INSTAL- LATION							CATION informati	ISTRUCTIONS before com on requested 3010 of the R Act).	pleting this herein is requ	form. The uired by law	
FOR OFFICIAL	USE ONLY		COMM	ENTS			7.1.				
c			9-1-6		APP	116	No.				
15 16	ON'S EPA I.D. NUM	IBER API	PROVED	ATE RECEI	VED			L	55		
FPRDOO		3 1			1 22						
I. NAME OF INS	TALLATION	13 14 15	16								
TRAVE	NOL LA	B O R A T	0 R I E	s, I	NC.	PL	ANT	NO	1		
II. INSTALLATI	ON MAILING AD	DRESS				NEW YORK	MAN COL		67		
		STREET OR P.	о. вох	1 1 1 1	11		-				
3 B O X 5	1 8						45				
2011	CITY	OR TOWN				ST. ZII	CODE	"			
4 J A Y U Y	A,				P 40 41	R 0 0	664				
	OF INSTALLATION		141.55					至10年1			
5 R D. 1 4	4 K M 2	O . 6	NUMBER		TT	ПТ	Н				
5 R D 1 4						5T. ZII	45 P CODE		4.1		
6 J A Y U Y		OR TOWN	TIII		P		TIT	7			
IV. INSTALLAT	ION CONTACT		33 C 13 13 16		40 41	42 47	51	TO THE REAL PROPERTY.	TOP TO		
	NAME A	ND TITLE (last,	first, & job to	itle)	1 11 2 4		PH	ONE NO. (area	code & no.)		
20 L I V I	E R I E D	G A R P	LANT	MA	N A G	ER	8 0	9 8 2 8	3 7 0	0	
V. OWNERSHIP	THE REAL PROPERTY.										
SPRIDC		A. NAME OF	FINSTALLA	TION'S LEG	AL OWI	VER	TIT	ПП			
15 16	OWNERSHIP	VI. TYPE O	EHAZABD	OUE WAS	TE ACT	IVITY /	ntar "V"	in the appro	55	901)	
(enter the appropri	OWNERSHIP into box)		GENERATIO		EACI	-	The state of the state of	RTATION (co			
F = FEDERA M = NON-FE		57 □ C.	TREAT/STO	RE/DISPOS	E	□ D.	UNDERG	ROUND INJE	CTION		
VII. MODE OF T	RANSPORTATIO	N (transporte				propriate	box(es))				
A. AIR	B. RAIL	C. HIGH	WAY [D. WATER		E. OTHE	R (specify):			
VIII. FIRST OR	SUBSEQUENT N	OTIFICATION	N MARKE	lletion's firm	t position	tion of he	zardow w	esta activity or	a subsequent	notification	
Mark "X" in the ap	propriate box to indi	r your Installation	on's EPA I.D.	Number in	he space	provided l	below.	aste activity or	a subsequent	notification.	
A. FIRST	NOTIFICATION	X B. St	JBSEQUENT	NOTIFICA:	rion (co	mplete ite	m C)		0 0 7 6		
	ON OF HAZARDO		AL III				STATE OF	THE REAL PROPERTY.		DE ALEXANDE	
Please go to the rev	erse of this form and	provide the requ	uested inform	ation.							

DESCRIPTION OF H AZARDOUS WASTES I laste from non—specific	FROM NON-SPECIFIC	SOURCES. Enter the	four-digit number from	m 40 CFR Part 261.31 fo	or each listed hazardous
	2	3	4	5	6
11111	HTT				
IF1010131		- 1			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
AZARDOUS WASTES I pecific industrial sources	FROM SPECIFIC SOUR your installation handle	CES. Enter the four—ces. Use additional sheets	if necessary.	PH Part 201.32 for each	listed hazardous waste from
13	14	15	16	17	18
23 - 26	23 - 26	23 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
Y-			1.3		
23 - 26	23 - 26	23 26	23 26	23 - 26	23 - 26
25	26	27	28	29	30
HTT			s.td	\$0 X	
				10000	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
OMMERCIAL CHEMIC	AL PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit number	r from 40 CFR Part 261.	33 for each chemical sub-
ance your installation ha	andles which may be a h	azardous waste. Use ac	ditional sheets if neces	sary.	
	The second secon				
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
		. 4			
23 - 26	23 - 26	23 - 26	23 26	23 - 26	23 - 26
43	44	45	46	47	48
				re on Mari	
				production of	
ISTED INFECTIOUS W	ASTES. Enter the four	-digit number from 40	CFR Part 261.34 for e	each listed hazardous was	te from hospitals, veterinar
ospitals, medical and res	earch laboratories your	installation handlesU	se additional sheets if n	ecessary.	
49	50	51	52	53	54
	100	Vegel Line	4. 14	NOT THE NAME OF THE PARTY.	
23 - 26	23 26	23 - 26	23 - 26	23 - 26	23 - 26
ARACTERISTICS OF zardous wastes your in	NON-LISTED HAZA stallation handles. (See	RDOUS WASTES. Mar 40 CFR Parts 261.21 —	k "X" in the boxes cor 261.24.)	responding to the charac	
1. IGNITAE		2. CORROSIVE	☐3. REA (D003)	ACTIVE	∐4. TOXIC (D000)
		AND DESCRIPTION OF THE PERSON		KURANG CANST CONTRACT	STATE OF THE STATE
CERTIFICATION	为是不知己的。由于 是 是不	THE PROPERTY OF	TO SHE TO SHE TO SHE TO	2000年的新	
tached documents as	nd that based on my itted information is	inquiry of those in true, accurate, and	dividuals immediate complete. I am awai	ly responsible for ob-	ubmitted in this and all taining the information, ficant penalties for sub-
NATURE			FICIAL TITLE (type o	r print)	DATE SIGNED
10	/ / /				
A / A / A/	1/20 11 1/1				